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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 08/4463,987 |
| | Filing Date | June 5, 1995 |
| | First Named Inventor | George Gorkovcheva |
| | Art Unit | 3738 |
| | Examiner Name | Michael J. Milano |
| | Attorney Docket Number | 94-P0213US01 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 54953

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 54953

OR

| | | | |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Email | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|--------------------------|-------------------------------------|--|
| Signature | <i>Victoria Poissant</i> | | |
| Name | Victoria Poissant | | |
| Date | Telephone | <i>July 17, 2009</i> (661) 949-4553 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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